

CIRCUIT BREAKER DIVISION

(319) 365-4631



STREET, S.W. 3700 SIXTH

CEDAR RAPIDS, IOWA

52406

September 3, 1986

Ken Herstowski, RCRA/Iowa EPA Region 7 726 Minnesota Avenue Kansas City, KS 66101

Dear Ken:

Enclosed you will find an updated notification form. This form makes the following changes:

- 1. Changes the contact name from Glenn A. Brock, Env. Coordinator to James Jensen Env. Coordinator.
- Marked box number 1 ignitable in section IX part E of the notification form. This is to cover the non-listed solvent we use from Safety-Kleen to clean parts.
- 3. Marked box number 2 corrosive in section IX part E of the notification form. This is to cover the non-listed acid silver stripping solution that we have used.

I notified the EPA in Kansas City by letter with a notification form attached of all three changes. The letters were sent to Chet McLaughlin and were dated June 14, 1985 and August 29, 1985.

If you have any questions or you need more information, please contact me at 319-365-4631.

Yours truly.

James C. Jensen

RCRA RECORDS CENTER

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		INSTALLA- TION'S EPA I.D. NO.								label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is									
	I.	NAME OF IN- STALLATION							complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a										
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A	IIL	LOCATION IL OF INSTAL LATION									to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form, The Information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).								
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IX. DESCRIPTION OF HAZ	ARDOUS WASTES	continued from I	ront)		15 (4 (
A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.											
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specific industrial sources your installation handles. Use additional sheets if necessary.											
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C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.											
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D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous weste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.											
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E. CHARACTERISTICS OF NON—LISTED HAZARDOUS WASTES. Merk "X" in the boxes corresponding to the characteristics of non—listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24.)											
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I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all											

attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
CE ashley	Plant Manager	9-3-86
FRA S		